

**Data abstraction form to collect data on histological characteristics,
survival patterns and related factors of colorectal, esophageal and prostate
cancer in Tikur Anbessa Specialized Hospital, Ethiopia**

Checked for completeness:

Yes

☐

No

☐

Name of data collector: _____

Date: ____/____/____ (dd/mm/yyyy)

Signature: _____

Data abstraction form

I. Identification and socioeconomic characteristics

Information	Options	Remark
Unique code	_____	
Medical registration number	_____	
Date of data extraction	___/___/___ (dd/mm/yyyy)	
Date of diagnosis	___/___/___ (dd/mm/yyyy)	
Last date of FU	___/___/___ (dd/mm/yyyy)	
Age at diagnosis (years)	_____	
Sex (<i>only for esophageal and colorectal cancer</i>)	1. Male 2. Female	
Region	1. Addis Ababa 2. Afar 3. Amhara 4. Benishangul Gumuz 5. Dire Dawa 6. Gambella 7. Harari 8. Oromia 9. SNNP 10. Somale 11. Tigray	
Marital status	1. Married 2. Single 3. Widowed 4. Divorced	
Educational status (<i>completed level</i>)	1. No formal education 2. Primary level 3. Secondary level 4. Higher education	

II. Lifestyle risk factors and family history of cancer

Characteristics	Category	Remark
Alcohol consumption	1. Yes 2. No	
Tobacco use (any type)	1. Yes 2. No	
Chew Khat	1. Yes 2. No	
Family history of cancer	1. Yes 2. No	
Chronic comorbidity	1. No 2. Yes (specify) _____	

Any other additional notes

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Esophageal cancer

I. Clinical, laboratory and histopathology report

Unique code	_____	
Symptoms	Yes (duration in days)	No
1. Difficulty of swallowing	_____	
2. Pain during swallowing	_____	
3. Weight loss	_____	
4. Vomiting	_____	
5. Heart burn	_____	
6. Cough	_____	
7. Chest pain	_____	
8. Others (specify) _____	_____	
Laboratory	Yes	No
1. Hemoglobin (<i>if yes, put the result</i>)	_____ (g/dl)	
2. Complete blood count (CBC)		
3. Alanine transaminase (ALT)		
4. Aspartate transaminase (AST)		
5. Alkaline phosphatase (ALP)		
6. Others (specify) _____		
Diagnostic workup	Yes	No
1. Endoscopy		
2. Barium swallow		
3. CT-scan		
4. Biopsy		
5. Chest X-ray		
6. Ultrasound		
7. Others (specify)		

II. Histopathology report and clinical characteristics

Histopathology characteristics	Options	Remark
1. Histology report available	1. Yes 2. No	Skip to Q4
2. Histology type	1. Adenocarcinoma 2. Squamous cell carcinoma 3. Other (specify) _____ 4. Not specified	
3. Histological grade	1. Well differentiated 2. Moderately differentiated 3. Poorly differentiated 4. Undifferentiated 5. Not specified	
4. Location of lesion	1. Upper-third 2. Middle-third 3. Lower-third 6. Unspecified	
5. Adjacent organ involvement	1. Yes 2. No	
6. Adjacent organ involvement site (select all that apply)	1. Trachea 2. Aorta	

	3. Pleura 4. Pericardium 5. Diaphragm 6. Vertebral body 7. Other (Specify) _____ 8. Not known	
7. Distant metastasis	1. Yes 2. No	Skip to Q9
8. Site of distant metastasis (select all that apply)	1. Liver 2. Lung 3. Bone 4. Other (specify) 5. Not specified	
9. TNM stage at diagnosis	_____	

III. Management and treatment options

Management and treatment options	Options	Remark
1. Gastrostomy tube inserted for feeding	1. Yes 2. No	
2. Surgery (esophagectomy) done	1. Yes 2. No 3. Unknown	Skip to Q5 Skip to Q5
3. Type of surgery	1. Trans-Hital 2. Trans-Thoracic 3. Not specified	
4. Chemotherapy received	1. Yes 2. No 3. Not specified	Skip to Q7 Skip to Q7
5. Type of chemotherapy administered	1. Adjuvant 2. Radical 3. Palliative 4. Not specified	
6. Number of cycles of chemotherapy a patient received	_____	
7. Radiotherapy received	1. Yes 2. No 3. Not specified	Skip to Q9 Skip to Q9
8. Type of Radiotherapy administered	1. Adjuvant 2. Radical 3. Palliative 4. Not specified	
9. Duration of stay at hospital (months)	_____	

Event status	1. Dead 2. Alive 3. Unknown	
If dead, specify date of death	____/____/____ (dd/mm/yyyy)	

Colorectal cancer

I. Clinical, laboratory and histopathology report

Unique code	_____	
Symptoms	Yes (duration in days)	No
1. Diarrhea	_____	
2. Constipation	_____	
3. Blood in stool	_____	
4. Abdominal pain	_____	
5. Weight loss	_____	
6. Fatigue	_____	
7. Others (specify) _____	_____	
_____	_____	
Laboratory	Yes	No
1. Hemoglobin (<i>if yes, put the result</i>)	_____ (g/dl)	
2. Carcinoembryonic antigen (CEA) (<i>if yes, put the result</i>)	_____ (ng/ml)	
3. Complete blood count (CBC)		
4. Alanine transaminase (ALT)		
5. Aspartate transaminase (AST)		
6. Alkaline phosphatase (ALP)		
7. Others (specify) _____		

Diagnostic workup	Yes	No
1. Colonoscopy		
2. CT-scan		
3. Biopsy		
4. MRI		
5. Ultrasound		
6. Chest X-ray		
7. Other		

II. Histopathology report and clinical characteristics

Histopathology characteristics	Options	Remark
1. Histology report available	1. Yes 2. No	Skip to Q4
2. Histology type	1. Adenocarcinoma 2. Squamous cell carcinoma 3. Mucinous carcinoma 4. Singent-ring cell carcinoma 5. Other (specify) _____ 6. Not specified	
3. Histological grade	1. Well differentiated 2. Moderately differentiated 3. Poorly differentiated 4. Anaplastic 5. Unknown 6. Not specified	
4. Tumor location	1. Colon 2. Recto Sigmoid Junction 3. Rectum 7. Anorectal	

5. TNM stage	_____	
6. Clinical stage	1. Localized 2. Locally advanced 3. Metastasis 4. Unspecified	
7. Regional lymph nodes Involved	1. Yes 2. No	
8. Metastasis	1. Yes 2. No	Skip to Q10
9. Site of distant metastasis (select all that apply)	1. Liver 2. Lung 3. Peritoneum 4. Other (specify) _____ 5. Not specified	
10. Vascular invasion	1. Yes 2. No 3. Unspecified	
11. Residual tumor identified	1. Yes 2. No 3. Unspecified	

III. Management and treatment options

Management and treatment options	Options	Remark
1. Surgery done	1. Yes 2. No 3. Unknown	
2. Chemotherapy received	1. Yes 2. No 3. Not specified	Skip to Q4 Skip to Q4
3. Number of cycles of chemotherapy a patient received	_____	
4. Radiotherapy received	1. Yes 2. No 3. Not specified	Skip to Q6 Skip to Q6
5. Number of cycles of radiotherapy a patient received	_____	
6. Duration of stay at hospital (months)	_____	

Event status	1. Dead 2. Alive 3. Unknown	
If dead, specify date of death	____/____/____ (dd/mm/yyyy)	

Prostate cancer

I. Clinical, laboratory and histopathology report

Unique code	_____	
Symptoms	Yes (duration in days)	No
1. Frequent urination	_____	
2. Blood in the urine	_____	
3. Erectile dysfunction	_____	
4. Pain/burning during urination	_____	
5. Bone pain	_____	
6. Others (specify) _____	_____	
Laboratory	Yes (result)	No
1. Prostate-specific antigen (PSA) (<i>if yes, put the result</i>)	_____ ng/mL	
2. Hemoglobin (<i>if yes, put the result</i>)	_____ (g/dl)	
3. Complete blood count (CBC)		
4. Urine analysis		
5. Serum creatinine		
6. Others (specify) _____		
Diagnostic workup	Yes	No
1. Ultrasound		
2. Biopsy		
3. CT-scan		
4. MRI		
5. Others (specify) _____		

II. Histopathology report and clinical characteristics

Histopathology characteristics	Options	Remark
1. TNM stage	_____	
2. Gleason score	_____	
3. Histology report available	1. Yes 2. No	Skip to Q6
4. Histology type	1. Adenocarcinoma 2. Sarcoma 3. Other (specify) _____ 4. Not specified	
5. Histological grade	1. Well differentiated 2. Moderately differentiated 3. Poorly differentiated 4. Undifferentiated 5. Not specified	
6. Lymph node involvement	1. Yes 2. No	
7. Bone metastasis	1. Yes 2. No	
8. Distant metastasis	1. Yes 2. No	Skip to sec. III
9. Distant metastasis site (<i>select all that apply</i>)	1. Liver 2. Lung 3. Other (Specify) _____ 4. Not specified	

III. Management and treatment options

Management and treatment options	Options	Remark
1. Surgery (orchiectomy) done	1. Yes 2. No 3. Unknown	Skip to Q3 Skip to Q3
2. Type of orchiectomy	1. Simple 2. Subcapsular 3. Inguinal 4. Not specified	
3. Androgen deprivation therapy	1. Yes 2. No 3. Not specified	
4. Chemotherapy received	1. Yes 2. No 3. Not specified	Skip to Q6 Skip to Q6
5. Number of cycles of chemotherapy a patient received	_____	
6. Radiotherapy received	1. Yes 2. No 3. Not specified	Skip to Q8 Skip to Q8
7. Number of cycles of chemotherapy a patient received	_____	
8. Duration of stay at hospital (months)	_____	

Event status	1. Dead 2. Alive 3. Unknown	
If dead, specify date of death	____/____/____ (dd/mm/yyyy)	